measured prospectively from the societal perspective for 90 days after randomization; the primary outcome was survival at 90 days. The cost and mortality differences were estimated using multivariate analysis.
RESULTS: A total of 221 patients received the gender-appropriate dosage of tirilazad and 235 received vehicle. The cost difference was $11,937 (95% CI $5898–$17,976) and the effects difference was 0.147 (95% CI 0.064–0.215) deaths averted. The cost-effectiveness ratio was $81,204 per death averted (95% CI 48,393–141,679).
CONCLUSIONS: This study is one of the first economic meta-analyses using primary data from multiple phase III studies. We will translate the cost-effectiveness ratio of $81,204 per death averted into a ratio of cost per quality-adjusted life-years (QALYs) saved so that tirilazad's value for its cost can be assessed. QALYs will be estimated using a decision model based on newly acquired data from a registry of SAH patients from Denmark.

TPCT2

COST-EFFECTIVENESS OF ABCIXIMAB IN PERCUTANEOUS CORONARY INTERVENTION PATIENTS: RESULTS FROM A META-ANALYSIS

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The efficacy of the GPIIb/IIIa antagonist abciximab in percutaneous coronary intervention (PCI) patients has been established through randomized clinical trials. However, the cost-effectiveness of abciximab in these patients has not been adequately addressed.
OBJECTIVE: The study purpose was to estimate the cost per life-year saved of abciximab in PCI patients.
METHODS: The relative risk of mortality with abciximab was estimated based on a meta-analysis of six clinical trials with 6537 patients. One-year mortality and expected years of survival in PCI patients were based on published data. The incremental cost of abciximab was estimated based on bills for the initial hospitalization collected in the EPILOG trial. Since the costs and outcomes were negatively correlated, the box method was used to estimate confidence interval around the cost-effectiveness estimate.
RESULTS: The meta-analysis showed that abciximab significantly reduced risk of mortality in PCI patients, with a hazard ratio of 0.64 (95% CI 0.49, 0.85, p = 0.002). One-year mortality in control patients was estimated to be 3.1%, and the expected survival in patients alive 1 year after intervention was at least 14 (11.3 discounted) years. The incremental cost of abciximab was $583 ($61, $1116) and years of life saved were 0.125 (0.05, 0.18) leading to a cost per life-year saved of $4664 ($339, $22,320). Cost per life-year saved assuming no cost offset with abciximab was $11,675.
CONCLUSIONS: The cost-effectiveness ratio for abciximab treatment in PCI patients falls within commonly accepted thresholds; hence abciximab reduces mortality in PCI patients at a favorable incremental cost.

TPCT3

COST-EFFECTIVENESS OF ANTIMALARIAL TREATMENT OF QUININE PLUS DOXYCYCLINE VERSUS ARTEMISININ PLUS DOXYCYCLINE IN PHUOC LONG HOSPITAL, VIETNAM

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Vietnam is in a tropical region where malaria is considered a public health problem. Phuoc Long Hospital is a district hospital located in the southeast 160 km from Ho Chi Minh City, with 108 beds, and where there are malarial patients year-round. Cost-effectiveness approach will guide the government to choose the right regimen under its limited budget.
OBJECTIVE: The purpose of this study was to compare the cost-effectiveness of two commonly used antimalarial drug regimens: Quinine plus Doxycycline (A-regimen) and Artemisinin plus Doxycycline (B-regimen) in government perspective.
METHODS: In this study 171 uncomplicated Falciparum inpatients at Phuoc Long Hospital were studied. Of those, 84 patients were randomized treated by A-regimen and 87 patients by B-regimen. It was a non-experiment Cohort study. The data were collected during February and June 1997.
RESULTS: Two groups of studied population were identical in terms of sociodemographic variables as well as illness pattern. Three components of cost were different between these two regimens; cost of antimalarial drug, labor cost, and cost of symptomatic treatment. The cost of drug for A-regimen was 10,600 VND ($0.921), while for B-regimen was 12,300 VND ($1.070). Of patients who received A-regimen, 61.9% had side effects which need symptomatic treatment that cost on average 793.9 VND per patient. Total costs per patient in government perspective of A-regimen was 340,570.7 VND ($29.615) and B-regimen was 341,567.6 VND ($29.702). The effectiveness of A-regimen was found to be 81.7% while of B-regimen was 92.6%. The cost-effectiveness ratio of A-regimen was 416,855.2 VND ($36.3) compared to 368,863.5 VND ($32.1) of B-regimen. Thus, B-regimen was more cost-effective than A-regimen.
CONCLUSION: Based on the results of this research, it is suggested that, B-regimen could be chosen as first line treatment for uncomplicated Falciparum patients in Phuoc Long Hospital in Vietnam.